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IMPLICATIONS FOR THE MANAGEMENT OF
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ALCOHOL AND THE NORTH AMERICAN INDIAN:

IMPLICATIONS FOR THE MANAGEMENT OF PROBLEMS*

There is considerable evidence to suggest that Indian people in North America have experienced more or less three broad phases or stages in alcohol use since the beginning of the historic period. In the order of their occurrence, I call these three phases: ACCOMMODATION, DEPRIVATION AND RECREATION. They have, I suggest, important implications not only for an understanding of the current Indian drinking problem but also for its management.

As is well known, the question of when alcoholic beverages were first introduced in North America remains unanswered. It is doubtful in my opinion if it will ever be settled to everyone's satisfaction. Nonetheless, the conclusion one draws from the early literature is that even if, as some claim, it was prehistoric in origin, alcohol did not become a significant element in North American Indian cultures until the post-Columbian period. Indian drinking in North America really began in the 16th and particularly the 17th centuries, when European-manufactured beverages (usually distilled) were introduced by White traders and conquerors.

From the very first, Indian drinking was a community-wide phenomenon. The early Europeans were astonished when they witnessed entire Indian communities in a state of gross inebriation - even women and children. But more dramatic still were the explosive changes in behaviour which took place when Indians were given alcohol. Under the influence, the stoic, reserved, circumspect Indian seemed suddenly transformed into an erratic, destructive, terrifying "savage". One of the most vivid descriptions of Indian drinking in the 17th century is that of Belmont (2) who wrote as follows:

"Apart from the natural consequences which it produces in most men, its effects on the Savages were so marked from the very beginning that it was not long before one realized that insobriety among Savages was quite a different species than the same weakness among Europeans. For the Savage, having found a beverage which could so quickly and efficaciously enliven their dullness, take them out of themselves and give them thereby, the ability and bravado they desired, it was not long before drunkards could be seen killing one another, husbands burning their wives, women disgracing their husbands, fathers throwing their children into boiling cauldrons".

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In the absence of the anthropological concept of culture, the first Europeans naturally interpreted the Indians' response to alcohol as a constitutional or racial difference. Undoubtedly, this is the origin of the "firewater theory" of Indian alcoholism, though the term "firewater" does not appear in North American literature until the 19th century, first with John Greenleaf Whittier (14) in his Margaret Smith's Journal and then James Fenimore Cooper (3) in The Last of the Mohicans. Without dwelling further on historical perspective, I would list the following as universal characteristics of Indian drinking during the phase of ACCOMMODATION:

- (1) Community-wide use of alcohol with no solitary drinking;
- (2) Marked release of hostility and aggression with brawling, maiming, and murder reported as common;
- (3) Drinking until the supply was exhausted or until the drinkers passed out, whereupon they resumed when conscious;
- (4) Rapid ingestion of alcohol with the sole objective of quick insobriety;
- (5) A sharing of beverages if they were in short supply so that one of a group might become intoxicated;
- (6) Food and alcohol never used together;
- (7) Breaches and violations of Indian codes of good conduct excused while under the influence;
- (8) The development of a rather high cultural expectancy for the value of alcohol and its effects on the mind.

Though the Indian rather quickly embraced liquor there are suggestions, nonetheless, that its unbridled use was a source of concern. For one thing, inexperienced drinkers found intoxication strange and therefore frightening. Again, Indians sometimes attributed occult powers to alcohol. It caused men's arms to strike blows, to maim and to kill. But most often the objection was not to alcohol but its purveyors. There are several instances recorded in which Indian delegations appealed to the colonial authorities to stop the activities of unscrupulous traders. To the Indian, it was not the alcohol that was at fault, it was the trader. Indians were not then, nor are they now, disposed to place a moral judgement on drink or drinking. In short, alcohol was seldom, if at all, blamed for any of the problems which Europeans associated with its use. Just the opposite was true. In the stage of ACCOMMODATION the Indian found in alcohol a substance which as Belmont so aptly put it, "could enliven their dullness and take them out of themselves". Therefore, in this first phase, Indians incorporated alcohol.

They used it as part of, indeed to emphasize an already established pre-historic custom - namely the search for the ecstatic experience. Through alcohol they were able to project themselves into the world of the supernatural. Sometimes alcohol was symbolized as a spirit, or again sometimes it was referred to metaphorically as "milk", "water", "food" and so on. Liquor also became an important substance in shamanistic rites and was used in conjuring, divining, and for curing the sick.

I use the term DEPRIVATION for phase two because it best describes the state of the Indian at the beginning of the 19th century. We have already seen that the ACCOMMODATIVE phase began with the coming of the first Europeans. The DEPRIVATION phase was initiated when early in the 19th century, the governments of Canada and the United States embarked on a new Indian policy. By this time a great part of the several cultures of North America's Indian peoples had been lost or seriously disrupted. Some of the more significant changes are the following: traditional religions were replaced, at least nominally, by Christianity; native crafts gave way to trade goods; the old subsistence patterns lost their attractiveness as traders enticed Indians to pursue only fur-bearing animals; belief in witchcraft disappeared as the principal means of social control; and tribal identities lost their significance as Indians centered their attention on trading-post communities and missions.

Phase two began about the year 1830. In Canada, this date marks the end of the period of military control over Indians. The same year, in the United States, found President Andrew Jackson signing the Indian Relocation Act. During this phase the reservation system was established and in both countries the policy was to prepare the Indian to enter the parent society. Though in retrospect, it is not surprising that the effort failed.

For most Indian people reservation life was not very congenial. Many were settled on lands that were not only unfamiliar but also quite unsuitable for successful readjustment. Agricultural programs were established to improve the Indians' economic and social condition but it was not easy for them to acquire the values required of a sedentary life. As many of these early efforts to change the Indian failed, he was left more and more to shift for himself and to get along as best he could isolated and removed from white society. During this phase Indians adjusted to this out-of-sight, out-of-mind existence by using alcohol no longer to seek, as they had formerly done, but as a means of escape.

It was during phase two that specific legislation was enacted to control Indian drinking. They were declared an interdicted class, and it became an offense to give or sell liquor to them. The Indian reacted to such restrictive measures by turning to home brew, surrogates, and bootlegged beverages. Interdiction also caused furtiveness and encouraged gulping, because in most instances the penalty for possession was usually more severe than for drunkenness.

Horton's (7) anxiety theory of Indian alcoholism seems applicable only to this period. Clearly the Indian was deprived, and it seems reasonable to conclude that the function of alcohol during this phase was to provide a means of psychologically avoiding the devastating effects of deculturation. Indians drank to forget and to relieve the frustration and inconsistencies of a meaningless life. It was also a time when Indians tried combinations of magic and Christianity to solve their problems. During the DEPRIVATION phase, several Nativistic movements emerged in different parts of North America. Among the more important were the Ghost Dance, the Peyote Cult, and the Handsome Lake Religion. As Dozier (4) has recently pointed out: "These were attempts at rehabilitation by troubled and maladjusted groups caught between two cultures..... While these cults appear to be highly successful in reducing excessive drinking, the beneficial results are usually temporary. Loss of faith in the magical concepts on which such movements rest often brings about a return to former conditions of apathy and a resumption of excessive drinking patterns".

The ACCOMMODATION phase is now history though a great part of the drinking pattern remains. The same is true of the DEPRIVATION phase, except perhaps, in some of the more remote regions of northern North America. For example, there is some suggestion that Indians in the James Bay area may be using alcohol today, under conditions similar to phase two, but most have, I think, adopted still a third form of drinking. I call this the phase of RECREATION.

Before turning to an examination of this phase, I would like to point out that for the remainder of this paper my observations apply only to Indians who regularly live in their own communities or on reserves.* The urban Indian is a separate problem and needs to be dealt with elsewhere. Phase three, then, began in this century. Tentatively, the year 1920 is a convenient date. The period between the two world wars witnessed the development of a form of public consciousness about native peoples everywhere. In North America white society rediscovered the Indian. One of the immediate effects was the construction of communication networks. First roads were built, followed by the installation of radio, telephone, and now even television. Today though, the Indian is more aware of white culture than ever before, nonetheless, his participation in it is limited because of his second-class status. Thus, for most the actual points of contact with whites are usually restricted to the street, taverns, and jails.

Now that the place of the Indian was again re-defined, whites through a number of newly-created agencies, made concerted efforts to improve Indian educational, health and economic standards. Though there is still much to do, illiteracy is being reduced and destructive diseases such as TB, brought under control. Infant mortality has been lowered and life expectancy increased. Unemployment remains a major problem primarily

* In the United States Indian reserves are called reservations.

because many reserves are situated in depressed areas where there are no real employment opportunities even if the Indian did wish to work. Despite the lack of jobs the Indian has managed to survive quite well, at least by his standards through increased relief and welfare benefits.

There are many reserves where virtually the entire economy is based on welfare of one kind or another. In many instances these benefits represent the principal means whereby alcohol is secured. Since there is every indication that the North American Indians are going to enjoy improved economic and social benefits, it is almost certain that the use of alcohol will increase as well. One of the major problems facing whites who are concerned about Indian drinking is to discover how to motivate the Indian to spend less of his available cash on alcohol and more on what we, in this society consider to be the essentials of life. Since the Indian does not share these values with us, I think that it is going to be very difficult indeed, to induce him to give up alcohol (which seems to mean so much to him) in favour of the kind of material comforts which are acceptable to us and which we think should be more important to him.

During the RECREATION phase, the old prohibitions against Indians were removed. Since about the 1950's, most Indians in North America, subject only to various local restrictions, have been able to secure liquor legally. Interdiction was greatly resented by Indians and was viewed as a decidedly discriminatory law. One of its consequences is that Indians have an arrest record which may not be representative, that is, they were arrested for committing acts not considered to be an offense for whites. There are, however, some disturbing signs. Stewart (13), for example, has shown that at least in the United States, the Indian remains the most lawless minority for its size, with liquor associated offenses predominating. Though comparable studies have not as yet been undertaken in Canada, I would predict that the situation is probably very similar.

In this third phase a rough, recreational form of drinking is beginning to emerge with many similarities to the kind of consumption patterns one finds on skid-row. I think aside from their low-class status, this is one reason why Indians turn up there (e.g. skid-row) in such large numbers. I would also suggest that today Indians appear to be using alcohol largely for euphoric purposes and not so much as a means of reducing anxiety, though the latter is usually cited as the explanation for why reserve communities seem to be driven to insobriety. I feel the argument that Indians drink excessively because of discrimination fails on the same grounds and may be an unwarranted cross-cultural generalization.

Indian drinking in North America was different from the beginning, and though there have been changes in beverage preference and motivation, the pattern of use remains traditional. More importantly, recent observations of drinking behaviour do not bear out the picture of the anxiety-ridden Indian taking to his cups to escape. On the contrary, the occasions on which Indians drink are euphoric ones such as: the receipt of treaty payments; arrival of welfare cheques and paydays; weddings; or returning from several weeks absence, etc.

This is not to say that Indians do not have tensions. But as an anthropologist I am concerned with explanations of patterned behaviour and this the anxiety theory does not provide. Nor, furthermore, does it account for the social importance which alcohol seems to have for the reserve Indian. I think sociogenic explanations such as Field's (5), for example, are likely to generate more fruitful hypotheses to explain Indian drinking patterns than those depending on psychological variables. The Indians' use of alcohol today may be described as follows. You will note its similarity to Phase I.

- (1) Drinking remains a community-wide activity;
- (2) Getting drunk is highly valued and though an outlet for the release of aggressions, murders and serious maimings, are not so numerous as before;
- (3) The object of drinking is gross intoxication;
- (4) Food and alcohol are seldom mixed;
- (5) Alcohol is always shared;
- (6) Little, if any, solitary drinking;
- (7) Moderation is practised only by the most acculturated;
- (8) Drinking is non-competitive and little, if any, value is placed on capacity;
- (9) No cultural controls to unbridled use;
- (10) There appears to be little shame or guilt associated with intoxication.

I think one of the principal reasons why the Indian does not appear to be an alcoholic in the usual sense (though I will qualify this in a moment) is simply a matter of economics. Despite the permissiveness with which he drinks, Indians simply do not have enough cash available to sustain a habit that might lead to forms of pathology. Consequently, drinking bouts are necessarily spaced so that regular daily intake of alcohol is usually out of the question. But when cash money is available, drinking sprees are characteristic. It is these periods of economically

enforced abstinence which in my opinion function quite latently to regulate the magnitude of Indian drinking. If the supply were unrestricted, there is not doubt in my mind that the Indian would appear more like an alcoholic in our society than he does.

In this third phase, the Indian has again changed beverage preferences. Now he has discovered that the most inexpensive sources of alcohol are the cheap, fortified, domestic sherries. This along with beer in beverage rooms, bars and taverns represents his principal source of alcohol. The inexpensive wines can usually be secured almost anywhere in North America for less than one dollar per bottle. In one buying study I have just completed, the people of a small reserve on the north shore of Lake Superior spent about one-third of their cash income for liquor and out of this amount almost 75% was used to secure wine. Others who have investigated Indian buying behaviour report almost identical results.

The Indian in North America seems to be rapidly approaching a critical point in his drinking behaviour. Not only are alcoholic beverages more readily available than ever before, but also the younger generation are drinking in a permissive atmosphere where alcohol has become their chief source of recreation. With nothing to do, drinking has become established as an end in itself. To quote Lemert (10);

"I propose that inebriation need not in all cultures be considered, as it has so often been, as a symptom or an expression of deprivation in personality or of defective social organization. There is an alternative way of viewing drunkenness, which is to say as an institutionalized pattern operating in a relatively autonomous way and only tenuously related to the other aspects of the culture".

In short, the reserve Indian seems to have a dangerous habit.

Knowledgeable people usually point out that though Indians get drunk often they are not alcoholics. The problem, therefore, is identified as one of alcohol not alcoholism. This is not altogether true. Aside from semantic difficulties, we have tended, I think, to put too much weight on the absence of the usual clinical symptoms among Indians. Much the same may be said of a large proportion of white alcoholics. For example, how many patients enter our clinics today clearly presenting such symptoms as: cirrhosis of the liver, enlarged hearts, esophageal varices, or DT's. Not so many. In fact, textbook alcoholics in the clinical tradition are becoming harder to find. Nowadays most whites who use alcohol excessively do something about their drinking not because they are aware of physiological deterioration, but because they, along with their families, recognize that a problem exists in their lives and are motivated to take steps to correct it.

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Furthermore, I think the oft-reported absence of hangover among Indians should also be questioned. Many field workers deny the existence of this phenomenon. But again what is the evidence? Certainly in some instances, hangover seems to be most easily identified overtly. For example, aside from suspected psychological factors which may contribute to the condition, white collar workers seem to be particularly susceptible on the morning after because they hold technical jobs demanding a high degree of alertness. This is not so true of the unskilled in our society, nor of most Indians. Thus, the fact that they are up and about the next day and are seen to perform their daily routine with little or no effort, is not an adequate measure of hangover. I would predict that if Indian drinkers were tested for positional alcohol nystagmus they would be found to be no less prone to hangover symptoms than whites.

Though there are cross-cultural difficulties, the pattern of Indian drinking does produce definable alcoholics, but of a very special kind. If one adopts Jellinek's (8) classification, the Indians' excessive use of alcohol does cause damage (mostly social and economic) and may, therefore, be identified as an instance of "alcoholism". I would quickly add, however, that the species is not any of those familiar to us such as Alpha, Beta, Delta or Gamma. Rather it might be called Zeta - a unique pattern of use in which drinking is periodic and explosive, but non-addictive.

Though I would like to pursue these points at greater length, let me in the time remaining, discuss some of their implications. First of all, there cannot be much question that the major problem for Indians today is alcohol. It is directly or indirectly at the root of most of their difficulties. It is also somewhat ironic that never before have so many agencies been concerned with improving the social and economic condition of the Indian, and yet they seem further than ever from taking a place in this society that is not an almost totally dependent one. I think one of the most discouraging signs is the realization that despite the encouragement the Indian is receiving to manage his affairs generally, and to moderate his drinking in particular, he has shown little inclination to do either. Nor has the removal of the interdictions which were labelled as discriminatory resulted in an anticipated reduction in alcohol use. For example, Hawthorne (6) and others in their study of the Indians of British Columbia were of the opinion that removal of restrictive legislation would prove beneficial. "In very large measure", they wrote, "the problem of social control of drinking is one for the Indian communities to tackle themselves. We believe they could tackle it more firmly and confidently if the law (interdiction) were liberalized.....". It is now some ten years since the laws have been changed. Interdiction has been removed, and the Indian expected to police himself. Yet the records show that nowhere in North America have they demonstrated an ability to exercise restraint. You may say it is too early, or again that

the long history of Indian dependency mitigates against their readily assuring control. All this may be true. But the fact is that they remain insensitive to the problem. Rather than recognizing the consequences of unbridled use, Indian communities today are characterized by an atmosphere of undiminished permissiveness, coupled with a high degree of expectation. Indians now seem to expect more from alcohol than perhaps at any time in their history. Incidentally, this may account for the feigned forms of intoxication which are reported from time to time.

Secondly, though there is no evidence to support it, the firewater theory remains a common belief among large segments of the white population. The Indian is not constitutionally prone to the effects of alcohol, he is culturally prone. Despite acculturation, the Indian has retained as the Spindlers (12), Hallowell (9), and others have suggested, a core of personality factors which tend to reinforce the traditional drinking pattern. Of these the most important here are the universal custom of sharing and the Indians' habit of suppressing aggressions in their daily interpersonal relations only to release them when under the influence. But though the Indian places all these values on drinking, he does not become psychologically addicted. True, Indians do not relish abstinence, but as Mandelbaum (11) has pointed out, they are not gripped with that iron-willed compulsion to seek alcohol in ways characteristic of alcoholics in our society.

Thirdly, from the very beginning, reserve Indians have not associated shame and guilt with intoxication. The absence of these feelings in their personality structure has important consequences. For one thing, it accounts for why even today, the anti-social acts of drunken Indians are excused. For another, it seems to be the reason why Indians fail to recognize the kinds of damage which results from their excessive use. The fact that the Indian has not incorporated feelings of shame and guilt toward insobriety is one of the crucial differences between white and Indian "alcoholics". Indians are not therapeutically motivated to do something about their drinking even though they are regularly arrested, sometimes poverty-stricken, recognize they are in trouble, and so on. *

As Bacon (1) has said, (white) alcoholics do not (like to) drink. Indians do - and they put a great deal of social meaning into it. It is so highly valued now, that no activity is really rewarding without it and though damage results, Indians accept it. Most Indians I have talked with about insobriety display an unmistakable indifference. Drinking and its damages are something one takes for granted. Today the Indians' way of life provides neither mechanisms of control nor guidelines for treatment. But even if the Indian were motivated to seek help the chances of success would be slim indeed, simply because our clinical methods are predicated upon feelings and values which the Indian does not have. On the other hand, there are indications that Indians can be treated successfully by methods of chemotherapy such as is being done in the Gallup project.

Fourth and lastly, I think it is doubtful that proposals for establishing AA on reserves are likely to succeed. I fear the same is true of some of our educational efforts. For several reasons, Indians are not motivated to achieve levels of intellectual performance comparable to whites. Indians are, therefore, usually ill-equipped to comprehend the kinds of physiological examples employed in films and printed media which describe the action of alcohol in the body. Also most of the examples used in alcohol education are based on situations quite unfamiliar to the Indian. It is little wonder that their message is either misunderstood or thought to be slightly ludicrous. A further disadvantage is that their message is often negative. The stress is on what one should not do, the dangers involved, the penalties to be paid, and so on.

I would suggest, therefore, that our educational instruments should be positive in outlook and recognize the fact that Indians need to be taught how to use alcohol moderately. One of the first steps, for example, would be to introduce the idea of combining food and beverages, a practice never familiar to Indians. Secondly, since removal of interdiction has not proved sufficient to induce the Indians to take steps to police themselves, something more concrete needs to be tried. The Indian cannot learn in a vacuum any more than any one else can. My recommendation would be that the responsible authorities engage in some rather imaginative experiments. Perhaps beverage rooms might even be constructed on selected reserves to be operated by the community. If we are to get Indians to use moderation, they must be placed in situations where they can make decisions and recognize their consequences. If whites direct these programs, Indians simply take a dependent attitude. This is why many of the community development programs have not as yet achieved any real measure of success.

Today the Indian is in the process of establishing a new image. It is part of discovering that he is a minority - a minority I might add that is unusual since it does not want integration but separateness. Since the old tribal images are no longer meaningful the modern Indian has adopted the general white stereotype. Thus Indians behave today in ways they think whites expect them to. Possibly this also represents an unconscious inducement to drunkenness.

To conclude, compared with the problem of alcoholism in our society, Indian drunkenness should be easy to correct. After all, there are no alcoholics of the type we are most familiar with. There is high acceptance but low vulnerability. Addiction as we know it is virtually unknown. Yet the record shows that our attempts to manage the problem have not been very successful.

The basic difficulty, therefore, seems to be that despite all the efforts to improve the well-being of the reserve Indian, we still do not know what is more important to him than alcohol. Nor, furthermore, does there seem to be anything in "reserve culture" that may be used to divert the Indians' attention to something more appropriate and acceptable to us. In short, cultural reinforcements seem to be non-existent. Historically the Indian has occupied a decidedly inferior position that is partly the fault of his peculiar legal status. But our view of him as well as his self image are undergoing modification. Already there are signs that the Indian can no longer be considered our forgotten ward. In fact, nowadays he might be more realistically viewed as a product - I would hesitate to say a model- of our affluency. At any rate, I do not think we can anticipate an appreciable moderation in the Indians' use of alcohol until one of two things happens: either they rapidly acculturate thereby losing their separate identity in the parent society or they overcome their apathy, define their drinking problem themselves (instead of letting us do it for them) and take steps, probably with our help, to do something about it.

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